



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

Financial Affairs Division- Tax Unit  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3997 | Fax: (602) 364-3989  
[www.azinsurance.gov](http://www.azinsurance.gov)

**ANNUAL FEES REPORT**  
For the Year Ended December 31,

File this form *only if* you operate in Arizona as a business type listed below. To confirm your business type in Arizona, search for your record on our web site at <http://app.az.gov/id/lookup/insurersearch>.

**To pay your fees electronically:**

Use the NAIC OPTins system. For information about OPTins:

- Visit the NAIC Web site at <https://eapps.naic.org/optins-static/index.html>
- Contact the OPTins Help Desk at [optinshelp@naic.org](mailto:optinshelp@naic.org) or (816) 783-8990

*Note: To use OPTins, you must establish an account and electronic funds transfer protocol with the NAIC, which can take up to two weeks.*

**To pay by check:**

- Complete this form and mail it with your check.
- Make your check payable to **Arizona Department of Insurance** and print your NAIC number in the memo section. **DO NOT mail this form or payment with your annual statement.**

**NOTE:** If we do not receive your fee by or before the due date, we may require you to pay a penalty and we may summarily suspend your certificate of authority. ARS §§ 20-217(E), 20-223(D).

BUSINESS TYPE (Check the applicable box)	DUE DATE	TOTAL FEES
<input type="checkbox"/> ACCREDITED REINSURER	3/1	\$ 435.00
<input type="checkbox"/> DOMESTIC FRATERNAL BENEFIT SOCIETY	3/1	\$ 330.00
<input type="checkbox"/> DOMESTIC LIFE & DISABILITY REINSURER	3/31	\$ 4,800.00
<input type="checkbox"/> DOMESTIC MECHANICAL REIMBURSEMENT REINSURER	4/01	\$ 4,500.00
<input type="checkbox"/> DOMESTIC TITLE INSURER	3/31	\$ 435.00
<input type="checkbox"/> FOREIGN TITLE INSURER*	3/01	\$ 435.00
<input type="checkbox"/> QUALIFIED REINSURER: TRUST or BASED ON SURPLUS	2/28	\$ 300.00

\* Foreign/alien title insurers must also file a TITLE INSURER RETALIATION REPORT (Form E-TITLE)

COMPANY INFORMATION				
Complete Name of Company		NAIC #	Domicile State	FEIN
Mailing Address		City	State	ZIP Code
PREPARER INFORMATION				
Name of Preparer		Title		
Preparer's Mailing Address		City	State	ZIP Code
Toll-free Phone Number	Fax Number	E-mail Address		
DEPARTMENT OF INSURANCE ACCOUNTING INFORMATION				
Year:	Company/License Type:	NAIC:	Period:	Trans Type:
Pay Code 1:	Amount 1:	Pay Code 2:	Amount 2:	